

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
STUDENT INJURY REPORT

Date: _____ Full Name: _____ Student #: _____

School: _____ Ph. # (c) _____ (h) _____

Person notified: _____ Last 4 digits of SS#: _____ Gender: _____ DOB: _____

Age: _____

Medical Record #: _____ Date of injury: _____ Time _____ AM PM

Where did accident occur? _____

What caused the accident? _____

Describe any unsafe conditions: _____

If Body Fluid Exposure, identify Source:

Name: _____ History of: _____

Organism or substance exposed to:

****Injury to Student was:**

(Please check only one)

- A ___ Needle Puncture
- B ___ Finger/Hand/Wrist
- C ___ Slip/Fall
- D ___ Toe/Foot/Ankle
- E ___ Leg/Knee
- F ___ Back Injury
- G ___ Foreign Matter in Eye
- H ___ Arm/Shoulder/Elbow
- I ___ Head Injury
- J ___ Burn/Scald
- K ___ Splash
- L ___ Sharps Puncture
- Z ___ Other – Explain:

****Factors Involved in Accident:**

- A ___ Haste
- B ___ Lack of Safeguard
- C ___ Misuse of Equipment
- D ___ Defective Equipment/Tools
- E ___ Failed to Follow Instructions
- F ___ Improper Lifting/Heavy Load
- Z ___ Other – Explain:

****Action Taken to Prevent Similar Accident:**

- A ___ Instructed Student
- B ___ Changed Method/Procedure
- C ___ Guarded Hazard
- D ___ Repaired or Discarded
- Z ___ Other – Explain:

Student's signature: _____

Supervisor: Print _____ Signature: _____ Date: _____

DOCTOR'S STATEMENT

Describe injury and part of body affected:

Probable Length of disability:

Recommendations/Treatments:

Doctor's signature: _____ Date: _____